



THE CITY OF BERWYN, ILLINOIS

PARKING LOT AND GARAGE OPERATIONS TAX QUARTERLY RETURN

License No: _____

Name of Business or Operator: _____

Address of Parking Lot or Garage: _____

Quarter: (Jan-Mar) _____ (Apr-June) _____ (July-Sept) _____ (Oct-Dec) _____

**THIS RETURN MUST BE FILED BY THE LAST DAY OF THE MONTH
FOLLOWING THE END OF THE QUARTER**

	A	B	C	D	E
	NUMBER		NO. OF		WEEKLY
WEEK OF	OF DAILY		WEEKLY	C X	TOTAL OF
QUARTER	TRANS.	A X .50 =	TRANS.	\$2.50 =	B + D
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
	NO. OF	TIMES			
MONTHLY	TRANS	\$10.00			TOTAL

1. Total Tax Due (Add Column E) \$ _____
2. Late Filing Penalty (10% of Total Tax
Liability Plus 5% Interest Per Month) \$ _____
3. Total Tax and Penalty Due \$ _____

The undersigned hereby attests that the foregoing tax return is true and correct.

Signature of Preparer Date

Signature of Taxpayer Date

MAIL THIS COMPLETED RETURN, AND CHECK FOR TOTAL AMOUNT,
TO: **CITY COLLECTOR/CITY OF BERWYN, 6700 W. 26TH ST., BERWYN, IL 60402**
Section 202.99 provides for fines up to \$500.00 and/or imprisonment in the County
Jail for up to six (6) months upon conviction for violation of any provision of the
Parking Lot and Garage Tax